# L15000011477

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600296676506

03/20/17--01039--009 \*\*25.00

FILED

WHA 20 P 2: 0

ECRETARY OF STATE

**S Warren** MAR 2 2 2017

#### COVER LETTER

\* TO: Registration Section
Division of Corporations

SUBJECT: ISLE AMELIA HOLDING LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LARRY N. MURRAY
(Contact Person)

15LE AMELIA HOLDING LLC
(Firm/Company)

96201 OTTER RUN DRIVE
(Address)

FERNAMOINA BEACH, FL 32034 (City/State and Zip Code)

For further information concerning this matter, please call:

LARRY N. MUIZIAY at (904) 277-3986
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee \$\sum \\$Certified Copy

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (2/14)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company a	s it appears on the re	cords of the F	lorida Departi	nent
of State is: 15	LE AMELIA HOLD	PING LLC			<u></u> .
2. The Florida doc	ument/registration number a	assigned to this limite	ad liability co	mpany is:	
L 150000	11477	<del></del> *			
3. The date this me	ember/manager withdrew/re	signed or will withdr	aw/resign is:	1/13/201	7
4. I, <u>R. SCOT</u> (Print N	T MuRRAY  Jame of Person Resigning)	, hereby withdi	raw/resign as	a	
AMBI	(Print Title)				
of this limited lial resignation in wr	bility company and affirm thiting.	he limited liability co	ompany has be	en notified of	my
RSatt MA		,	-		•
Signature of Di	issociating Member or Resig	gning Manager		_= =	m
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	,		TWA 20 P	FILE
				2: 01 FLORIG	